

INCIDENTals

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Rhode Island's Plan for Prevention and Control of Smallpox

Smallpox is a serious viral infection that spreads from person to person by close physical contact, droplet infection (coughing) within 5 to 6 feet, or exposure to contaminated materials (clothing, bedding). The disease kills about 30% of its victims.

Fortunately, the worldwide risk of smallpox is close to zero. The last human case occurred before 1978. Only a handful of nations preserved some of the smallpox virus for research purposes. Although federal officials say they have no information about an imminent threat, recent events raise concerns that smallpox may have fallen into terrorist hands. In a dangerous world, governments must prepare to respond to terrorist threats.

In the *RI Smallpox Prevention and Control Plan* (see www.HEALTHri.org), the RI Department of Health (HEALTH) describes the steps it will take if a human case of smallpox occurs anywhere in the world. The plan includes the following components:

- Training physicians and other health care workers in Rhode Island about how to recognize, isolate and treat smallpox patients at offices, clinics or emergency rooms.
- Increasing surveillance by improving the reporting of fevers and "flu like-illnesses" to HEALTH by physicians, clinics and hospitals.
- Requesting smallpox vaccine through the National Pharmaceutical Stockpile (NPS). Delivery occurs within 12 hours. The vaccine can be used in several ways. If given within 2-4 days after exposure, smallpox vaccine protects against the disease, or at least reduces its severity. Vaccinating all the contacts of smallpox patients ("ring vaccination") keeps the disease from spreading. Vaccinations which "take" or scar prior to exposure confer excellent protection.
- If cases occur, implementing a municipal-based plan to vaccinate the entire state population in less than 10 days. If smallpox appeared in a remote area of the world, vaccinations would occur on a predetermined schedule in Rhode Island. If the outbreak occurred locally, close contacts of the victims would receive vaccine first—then the rest of the population.
- Establishing a strong public information network, using the mass media and other means, to keep Rhode Islanders informed and provide advice and instructions during the emergency.
- IF AN OUTBREAK OCCURS LOCALLY, establishing a smallpox hospital at the state's Pastore Center (Cranston) to isolate the victims and limit the disease spread. This includes activating an emergency transport system to move patients from one location to another.

At the federal government's request, Rhode Island also plans to offer vaccine immediately to limited number health care, public safety and public health volunteers. HEALTH will call on these volunteers (the "strategic reserve") to check the arms of others receiving vaccine, to take care of patients, vaccinate others and staff the infectious disease hospital if smallpox cases actually occur in Rhode Island. This pre-outbreak vaccination will begin with the first 30 on March 13, 2003. Smallpox vaccine includes live virus (a more benign, close-cousin to smallpox) that cannot be used on pre-outbreak volunteers with certain health conditions. All volunteers will undergo a rigorous education, screening and monitoring process during the vaccination program. Safety is the primary concern.

Rhode Island's ability to respond to smallpox does not rise and fall solely on the number of pre-outbreak volunteers. NPS vaccine delivery, "ring" vaccination, isolating cases in a special hospital and mass vaccination all provide effective measures against smallpox. For more information on RI's plan, the pre-outbreak vaccine program or other issues related to smallpox, go to the RI Department of Health website at www.HEALTHri.org.